

FINANCIAL AFFIDAVIT

CJA 23
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES
IN THE CASE OF☐ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

FOR

AT

LOCATION NUMBER

VS.

PERSON REPRESENTED (Show your full name)

SAMES ARIKPO

CHARGE/OFFENSE (describe if applicable & check box →) ☐ Felony ☐ Misdemeanor

- 1 ☒ Defendant - Adult
 2 ☐ Defendant - Juvenile
 3 ☐ Appellant
 4 ☐ Probation Violator
 5 ☐ Parole Violator
 6 ☐ Habeas Petitioner
 7 ☐ 2255 Petitioner
 8 ☐ Material Witness
 9 ☐ Other (Specify)

DOCKET NUMBERS

Magistrate

District Court

08CR151-1
FILED
Court of Appeals2-27-08
FEB 27 2008ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY ATTORNEY'S FEES
UNITED STATES DISTRICT COURT

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed	
	OTHER INCOME	Name and address of employer: _____	
		IF YES, how much do you 10/07 earn per month? \$ _____ IF NO, give month and year of last employment _____ How much did you earn per month? \$ <u>1,000-net</u>	
		If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>N/A</u> IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____	
CASH	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ _____ THE SOURCES _____		
PROPERTY	Have you any cash on hand or money in savings or checking account <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ <u>600</u>		
	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents _____ List persons you actually support and your relationship to them _____
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME:	Creditors
		Rest	
		Phone + Utilities	
		Total Debt	Monthly Payt.
		\$ 1,600.00	\$ 590.00
		\$	\$ 130.00
		\$	\$
		\$	\$

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 2-27-08SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)